## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

| CLAIMS AS FILED - PART I  (Column 1) (Column 2)   |  |   |  |                      |                              |   |                     | SMALL ENTITY TYPE   |                        | OR | OTHER THAN R SMALL ENTITY  |                        |
|---|--|---|--|----------------------|------------------------------|---|---------------------|---------------------|------------------------|----|----------------------------|------------------------|
| U.S. NATIONAL STAGE FEES  |  |   |  |                      |                              |   |                     | RATE                | FEE                    |    | RATE                       | FEE                    |
| BASI  | C FEE  |   | SMALL ENT.   | = \$ 150             | LARGE ENT. = \$ 300          |   | В                   | ASIC FEE            |                        | OR | BASIC FEE                  | 300                    |
| EXAMINATION FEE   |  |   | Satisfies PCT Article 33(1)- (4) = \$50 / \$100                      |                      |                              | All other situations =<br>\$ 100 / \$ 200 |                     | XAM. FEE            |                        |    | EXAM. FEE                  | 200                    |
| SEARCH FEE  |  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                      |                              | ALL other situations = \$ 250 / \$ 500    |                     | EARCH FEE           |                        |    | SEARCH FEE                 | <b>%</b> 0             |
| FEE FOR EXTRA SPEC. PGS.  |  |   | 69 minus 100 =   |                      |                              | / 50 =                                    |                     | X \$ 125 =          |                        |    | X \$ 250 =                 |                        |
| тот   | AL CHARGEAB                                    | LE CLAIMS                                 | 23 minus 20 = * 3  |                      |                              |   |                     | X \$ 25 =           |                        | OR | X \$ 50 =                  | 1221                   |
| INDEPENDENT CLAIMS  |  |   | 6 minus 3 = *  |                      |                              |   |                     | X \$ 100 =          |                        | OR | X \$ 200 =                 | 80                     |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRE                            | ESENT  |                      |                              |   |                     | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
| * If t  | the difference                                 | in column 1 is l                          | less than zero   | , enter "(           | O" in col                    | lumn 2                                    |                     | TOTAL               |                        | OR | TOTAL                      | 1629                   |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |  |                      |                              |   |                     | SMALL ENTITY        |                        | OR | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  |                      | IBER<br>OUSLY                | PRESENT<br>EXTRA                          |                     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus  | **                   |                              | =   |                     | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
|   | Independent                                    | *   | Minus  | ***                  |                              | =   |                     | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                      |                              |   |                     | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
|   |  |   | -  | TOTAL ADDIT.<br>FEE  |                              | OR  | TOTAL ADDIT.<br>FEE |                     |                        |    |                            |                        |
|   |  | (Column 1)                                |  | (Colu                | mn 2)                        | (Column 3)                                |                     |                     |                        |    |                            |                        |
| AMENDMENT B   |  | CLAIMS REMAINING AFTER AMENDMENT          |  | HIGH<br>NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                          |                     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus  | **                   |                              | =   |                     | X \$ 25 =           |                        | OR | X \$ 50 =                  |                        |
|   | Independent                                    | *   | Minus  | ***                  |                              | =   |                     | X \$ 100 =          |                        | OR | X \$ 200 =                 |                        |
| ,   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                      |                              |   |                     | + \$ 180 =          |                        | OR | + \$ 360 =                 |                        |
|   |  |   |  |                      |                              |   |                     | TOTAL ADDIT.<br>FEE |                        | OR | TOTAL ADDIT.<br>FEE        |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3' enter "3". |  |   |  |                      |                              |   |                     |                     |                        |    |                            |                        |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.